

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: **Bruce REIDENBERG et al.**
Serial No.: 10/584,816
Filed: October 2, 2006
For: **ABUSE RESISTANT OPIOID TRANSDERMAL DELIVERY DEVICE CONTAINING OPIOID MICROSUPERES**

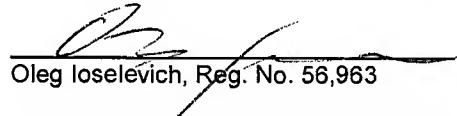
Sir:

Transmitted herewith is a **Request for First Action Interview (1 page)** in the above-identified application.

Also transmitted herewith are:
 Petition for extension under 37 C.F.R. 1.136
 Return receipt postcard
 Other:

Check(s) in the amount of \$ _____ is/are attached to cover:
 Filing fee for additional claims under 37 C.F.R. 1.16
 Petition fee for extension under 37 C.F.R. 1.136
 Fee set forth in 37 C.F.R. §1.17(p)
 Other:

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 Any patent application processing fees under 37 C.F.R. 1.17.
 Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 C.F.R. 1.136.


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REQUEST FOR FIRST ACTION INTERVIEW (ENHANCED PILOT PROGRAM)

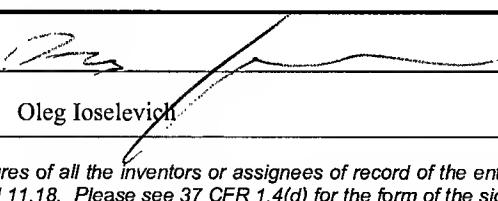
Attorney Docket Number:	208.1010US	Application I (if known):	10/584,816
First Named Inventor:	Bruce Reidenberg	Title: ABUSE RESISTANT ORAL OPIOID TRANSDERMAL DELIVERY DEVICE CONTAINING OPIOID ANTAGONIST MICROSPPHERES	

APPLICANT HEREBY REQUESTS A FIRST ACTION INTERVIEW IN THE ABOVE-IDENTIFIED APPLICATION. See Instruction Sheet on page 2.

1. The application must contain three (3) or fewer independent claims and twenty (20) or fewer total claims.
2. The application must not contain any multiple dependent claims.
3. By filing this request:

Applicant is agreeing to make an election without traverse if the Office determines that the claims are not obviously directed to a single invention; and

Applicant is agreeing not to request for a refund of the search fee and any excess claims fee paid in the application after the mailing or notification of the pre-interview communication prepared by the examiner.
4. Other attachments: _____

Signature 	Date May 12, 2010
Name (Print/Typed) Oleg Ioselevich	Registration Number 56,963

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required in accordance with 37 CFR 1.33 and 11.18. Please see 37 CFR 1.4(d) for the form of the signature. If necessary, submit multiple forms for more than one signature, see below*.

*Total of 1 forms are submitted.

The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.